ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | ALS | ID NO. | DATE |
|---------------------------|-----|--------|---------|
| FEE DETERMINATION | Jb | | 03-29-0 |
| O.I.P.E. CLASSIFIER | | 1/3 | 4/20/01 |
| FORMALITY REVIEW | 25 | 857 | 15/2/01 |
| RESPONSE FORMALITY REVIEW | | | , i |
| | | | |

INDEX OF CLAIMS

| / | Rejected | N | Non-elected |
|---|----------------------------|---|--------------|
| | Allowed | l | Interference |
| | (Through numeral) Canceled | Α | Appeal |
| | Restricted | 0 | Objected |

| ÷ Restricted 0 Objected | | | | | | | | |
|--|--|----------|--|-------------------|---|--|--|--|
| Claim | Date | Claim | Date | Claim | Date | | | |
| 1 (0) 2-1 | | <u> </u> | | 틸 | | | | |
| Final Original Cliptor | | Final | | Final Original | | | | |
| | ╎╏╡╏╃╏ ╏ | 51 | | 101 | | | | |
| 2 (| ┞╶┦╌╿╶╎╸ ┤╶├ | 52 | | 102 | | | | |
| J 3 11 11 1 | ╏╸╏╸╏╺╏ ╴╏ | 53 | | 103 | | | | |
| 1-14 11-11-1 | ╎┈╎╸╽┈╎╸ ┤╸┞ | 54 | | 104 | | | | |
| 5 | | 55 | | 105 | | | | |
| 6 | | 56 | | 106 | | | | |
| 7 | | 57 | | 107 | | | | |
| 8 | | 58 | | 108 | | | | |
| 9 1 | | 59 | | 109 | - | | | |
| 10 | ┇┋┋ | 60 | | 111 | | | | |
| | ┞┼┼┼┼┼ ┼┤ ├ | 62 | | 112 | | | | |
| 12 | ╎╎╸╏╸╏╸╏ | 63 | | 113 | | | | |
| 14 | ╎┋╏ | 64 | | 114 | | | | |
| 15 0 | ╎╎╸ ┼╶┼╌┼╌┤╴╎ | 65 | | 115 | | | | |
| 16 7 | | 66 | | 116 | | | | |
| | | 67 | | 117 | | | | |
| 18 | | 68 | | 118 | | | | |
| 19 | | 69 | | 119 | | | | |
| 20 | | 70 | | 120 | | | | |
| 21, | | 71 | | 121 | | | | |
| 22 | | 72 | | 122 | | | | |
| 23 | | 73 | | 124 | | | | |
| 24 | | 74 75 | | 125 | | | | |
| 25 | ┞┈┤╶╏┈╏╸ ┤╸╏ | 76 | - - - - - - - - - - - - - - - - - - - | 126 | | | | |
| 26 0 | ┦┋┋┪ | 77 | - - - - - - - - - - | 127 | | | | |
| (28) | | 78 | | 128 | | | | |
| 29 | | 79 | | 129 | | | | |
| 30 | | 80 | | 130 | | | | |
| 31 0 | | 81 | | 131 | | | | |
| 32 / | | 82 | | 132 | | | | |
| 33 | | 83 | | 133 | | | | |
| 34 | | 84 | | 135 | | | | |
| 35 | | 85 | | 136 | - | | | |
| 36 | ┙┝┩╏ ┪╏ | 87 | | 137 | | | | |
| 38 | | 88 | - | 138 | | | | |
| 39 | ┤┤╾┤╌╎╶╏╸ ┤ | 89 | - | 139 | | | | |
| 40 | | 90 | | 140 | | | | |
| 41 | | 91 | | 141 | | | | |
| 42 | | 92 | | 142 | | | | |
| - 3 | | 93 | | 143 | | | | |
| 44 | | 94 | | 144 | | | | |
| 45 | | 95 | | 145 | | | | |
| 46 | | 96 | | 146 | | | | |
| 47 | | 97 | | 147 | | | | |
| 48 | | 98 | ╶┦╴┦╶╏ ╶╂ | 149 | - - - - - - - | | | |
| 50 7 | ╂╫╫╫ | 100 | | 150 | | | | |
| T50141 Z14V | | | | | | | | |

If more than 150 claims or 10 actions staple additional sheet here

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